According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0094. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

2. DATE OF REQUEST

UNITED STATES DEPARTMENT OF AGRICULTURE

FOOD SAFETY AND INSPECTION SERVICE OFFICE OF FIELD OPERATIONS		
ESTABLISHMENT APPLICATION FOR EX PORT OF	3. COUNTRY (To which product will be exported)	
MEAT POULTRY OTHER	4. DISTRICT OFFICE (Name and Number)	
5. To: USDA/FSIS/OFO/TSC, Export Staff Suite 300 Landmark Center 1299 Farnam Street Omaha, NE 68102 FAX: 402-221-7479	6.USDA ESTABLISHMENT NO. (Specify Est. No., M, P, ID, I, etc)  (Check if Voluntary Inspection)	
7. From: (Establishment name and address as shown on current Grant of Inspection, FSIS Form 5200.1, and include DBA's if applicable)  8. PHONE NO.	OPERATION(s) (Check)  Slaughter  Boning/Cut-up  Grinding  Processing  Cold Storage  O3	LASS OF PRODUCT(s) TO BE EXPORTED eck)  B Raw Product-Ground C Raw Product-Not Ground D Thermal Processed/Com. Sterile B E Not Heat Treated-Shelf Stable (S.S.) BF Heat Treated-Shelf Stable 3G Fully Cooked/Not Shelf Stable H Heat Treated/Not Fully Cooked-Not S.S. BI Product With Secondary Inhibitors-Not S.S.
9. FAX NO.	Beef Pork Chicken Turkey	Sheep/Lamb Other Duck
Ratite   Bison   Wild Game		
(Type or Print Name Above Signature)	15. TITLE (Type or Print)	16. DATE SIGNED
17. NAME OF CONTACT PERSON IF DIFFERENT FROM ABOVE	18. TITLE(Type or Print)	19. PHONE: 20. FAX:
FSIS SECTION (Type or Print	t Name Above All Signatures)	1
20. I surveyed the above-named establishment on the date indicated by	elow and in my opinion, it med	ets the requirements for export to
(Name of Country)	subject to comments if any o	n the attached correspondence.
SIGNATURE OF INSPECTOR-IN-CHARGE	<u> </u>	21. DATE SURVEYED
22. SIGNATURE OF CIRCUIT SUPERVISOR/DATE	23. SIGNATURE OF DISTRICT	Γ M A N ĀGER/DA T E
24. NAME OF RECEIVING OFFICIAL AT TECHNICAL SERVICE CENTER	(if applicable)	25. DATE RECEIVED AT TSC(if applicable)